

(Form IN FORMA PAUPERIS-Rev. 4/20/05, S.D. of Ohio)

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO**

Joseph Frasure, et al.

**Plaintiff(s)**

**Case No.**

City of Wyoming, et al.

**vs.**

**Defendants(s)**

**APPLICATION/ MOTION TO PROCEED  
WITHOUT PREPAYMENT OF FEES  
(IN FORMA PAUPERIS)  
AND AFFIDAVIT IN SUPPORT THEREOF**

**Instructions:** In order for the Court to properly consider your application, you must answer each question below and provide the information requested. No application will be considered until it is fully completed.

**I. Are you employed?**

Yes ☐

No ☒

**A. If you answered "Yes":**

(1) What is the name and address of your employer

\_\_\_\_\_  
 \_\_\_\_\_

(2) How much do you earn per month?

\_\_\_\_\_

**B. If you answered "No"**

(1) Have you ever been employed?

Yes ☒

No ☐

If yes, what was the last year and month you were employed?

5/2022

How much did you earn a month?

2000.00

**II. What is your marital status?**

Single ☐

Married ☒

Widowed ☐

Divorced ☐

**A. If you answered "Married":**

(1) Is your spouse employed? Yes ☒

No ☐

If yes, how much does your spouse earn each month?

\$ 2000.00

**III. Do you have any dependents?**

Yes ☒

No ☐

If you answered "Yes" list each dependent's name (minor children should be identified only by their initials), relationship to you, and the amount you contribute to their support:

Name

Relationship

Amount

A. F. daughter age 9 100%

**IV. Within the past twelve (12) months, have you received any income from a business, profession or other form of self-employment, or in the form of rent payments, retirement benefits, annuity payments, interest or dividends, or any other source?**

Yes ☐

No ☒

A. If you answered "Yes," describe each source of income and the total amount you received from that source over the twelve-month period:

Source

Amount

Source

Amount

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

V. Do you have any cash on hand or money in a savings, checking, or other account?

Yes \_\_\_\_\_ No ☒

A. If you answered "Yes", state the combined total amount:

\$ \_\_\_\_\_.

VI. Do you own any real estate, stocks, bonds, notes, automobiles, or any other valuable property?

Yes ☒ No \_\_\_\_\_

A. If you answered "Yes", describe each piece of property and state its value:

<u>Property</u>	<u>Value</u>	<u>Property</u>	<u>Value</u>
primary residence	\$ 70,000.00	_____	\$ _____
automobile	\$ 2000.00	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

VII. List all your creditors, including banks, loan companies, charge accounts, personal loans, rent, utilities, child support, etc., and the amount you pay each month on each bill/obligation:

<u>Creditor</u>	<u>Amount Owed</u>	<u>Creditor</u>	<u>Amount Owed</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

VIII. State your address and telephone number where the Court can reach you.

222 Water Street  
Lawrenceburg, TN 47025  
812 655 2065

I declare under penalty of perjury that the above information is true and correct.

2/12/2024      Lisa Fischer  
 Date                      Signature of Applicant

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**B. If you answered "No"**

(1) Have you ever been employed?

Yes ☒

No ☐

If yes, what was the last year and month you were employed?

07/2022

How much did you earn a month?

\$2000.00

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Married ☒

Widowed ☐

Divorced ☐

**A. If you answered "Married":**

(1) Is your spouse employed? Yes ☐ No ☐

If yes, how much does your spouse earn each month?

\$ Separated from spouse for 10 years

**III. Do you have any dependents?**

Yes ☐

No ☒

If you answered "Yes" list each dependent's name (minor children should be identified only by their initials), relationship to you, and the amount you contribute to their support:

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Relationship

Amount

\_\_\_\_\_  
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Amount

\_\_\_\_\_  
 \$  
 \_\_\_\_\_  
 \$  
 \_\_\_\_\_  
 \$  
 \_\_\_\_\_

\_\_\_\_\_  
 \$  
 \_\_\_\_\_  
 \$  
 \_\_\_\_\_  
 \$  
 \_\_\_\_\_

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Yes \_\_\_\_\_ No ☒

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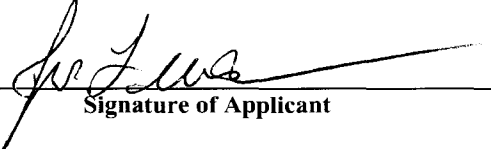
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_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

VIII. State your address and telephone number where the Court can reach you.

2182 Bambarry Dr.  
Lawrenceburg, IN 47025  
513 264 9307

I declare under penalty of perjury that the above information is true and correct.

2/12/2024  
 Date

  
 Signature of Applicant